

\_\_\_\_\_  
Full Name of Party Submitting This Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

IN THE DISTRICT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT  
OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff,  
vs.  
\_\_\_\_\_,  
Defendant.

Case No.: \_\_\_\_\_

ORDER RE: PARTIAL PAYMENT OF  
COURT FEES (PRISONER)

Having reviewed the [ ] Plaintiff's [ ] Defendant's Motion and Affidavit for Partial  
Payment of Court Fees,

THIS COURT FINDS AND ORDERS:

[ ] The average monthly deposits in the prisoner's inmate account total \$\_\_\_\_\_, the  
average monthly balance in the prisoner's inmate account during the last six months has been  
\$\_\_\_\_\_; 20% of the greater of these amounts is \$\_\_\_\_\_ and must be paid as a  
partial initial fee at the time of filing. The prisoner shall make monthly payments of not less than  
20% of the preceding month's income credited to the prisoner's inmate account until the  
remainder of the court filing fees in the amount of \$\_\_\_\_\_ are paid in full. The agency or  
entity having custody of the prisoner shall forward payments from the prisoner's inmate account  
to the clerk of the court each time the amount in the prisoner's inmate account exceeds ten  
dollars (\$10.00) until the full amount is paid

or [ ] The prisoner has no assets and need not pay any fee at this time. The prisoner shall  
make monthly payments of not less than 20% of the preceding month's income credited to the  
prisoner's inmate account until the court filing fees in the amount of \$\_\_\_\_\_ are paid in

full. The agency or entity having custody of the prisoner shall forward payments from the prisoner's inmate account to the clerk of the court each time the amount in the prisoner's inmate account exceeds ten dollars (\$10.00) until the full amount is paid.

or ☐ THIS COURT DENIES the motion because

☐ the prisoner did not comply with all the requirements of Idaho Code §31-3220A , or

☐ the Court finds the prisoner has the ability to pay the full filing fee at this time.

Date: \_\_\_\_\_  
Judge

#### CLERK'S CERTIFICATE OF SERVICE

I certify that a copy was served:

To Prisoner:

Name: \_\_\_\_\_ ☐ Hand-delivery  
Address: \_\_\_\_\_ ☐ Mailing  
City, State, Zip: \_\_\_\_\_ ☐ Fax to (number) \_\_\_\_\_

To ☐ counsel for the county sheriff ☐ the department of correction or ☐ the private correctional facility:

Name: \_\_\_\_\_ ☐ Hand-delivery  
Address: \_\_\_\_\_ ☐ Mailing  
City, State, Zip: \_\_\_\_\_ ☐ Fax to (number) \_\_\_\_\_

Date: \_\_\_\_\_  
Deputy Clerk